KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 35075
Name: Kansas Renewable Resources, LLC
Address 1: PO BOX 1741
Address 2:
City: GREAT BEND State: KS Zip: 67530 + __ __ __ __
Contact Person: Larry or Debra Dolechek
Phone: (785) 658-3528
Lease Name: 'A' HEARD
Well Number: 3

API No.: 15-167-23560-00-00
Permit No: D30386.0
Reporting Year: 2017
(January 1 to December 31)

____ - S2 - NW - SW Sec. 30 Twp. 14 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Russell

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: REGAN SAND,GRANIT WASH
Maximum Authorized Injection Rate: 5000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	12000	0	0		31
February	10000	0	0		28
March	6100	0	0		31
April	6200	0	0		30
May	6100	0	0		31
June	6500	0	0		30
July	6500	0	0		31
August	6400	0	0		31
September	7000	0	0		30
October	7000	0	0		31
November	5400	0	0		30
December	5400	0	0		31
TOTAL	84600		0		

Submitted Electronically